JAN 1 0 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Burbank et al.

For: IMAGEABLE BIOPSY SITE MARKER

Serial No.: 10/719,448

Filed: November 21, 2003

Atty. Docket No.: R0367-01003

Examiner: J. A. Jeffery

Group Art Unit: 3742

AMENDMENT AND RESPONSE

TO OFFICE ACTION
MAILED 09/20/2004

CERTIFICATE OF MAB INSCIPACSIMILE JURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by/sest/rite-to (701/872-1006, addressed to Mall Sum Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Atm. John A. Jeffink on in San Francisco, CA.

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir.

In response to the Office Action mailed September 20, 2004, please amend the above-identified application as follows:

-02/08/2005 LMDRGAN -00000001 041679 - 10179448-

-01-FC+2251	
-02-FG02014	
-03-FC;220 2	375:00 DA
	-100.00 PA
-04 FC+P201	100.00

Adjustment date: 02/09/2005 LHORGAN 02/08/2005 LHORGAN 00000001 041679 10179448 04 FC:2201 100.00 CR

Serial No. 10/719,448 Atty. Docket No. R0367-01003

Adjustment date: 02/09/2005 LHORGAN 02/08/2005 LHORGAN 00000001 041679 10179448 01 FC:2251 60.00 CR 02 FC:2814 65.00 CR 03 FC:2202 375.00 CR

02/09/2005 LFORGAN 01 FC:2251 02 FC:2814 03 FC:2202 04 FC:2201

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/1719448

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS		31				ŀ	RATE	FEE	1	RATE	FEE		
FOR		NUMBER	NUMBER FILED .		ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS 3 minus 20			nus 20=	• 1	1		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS / minus 3 =			nus 3 =	•			X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II							*****		•	OTHER			
Щ	10/02	(Column 1)		(Colun		(Column 3)	,	SMALL		OR	SMALL	ENIIIY	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 46	Minus	* 3	1	- 15		x\$ 3€	375	OR	X\$18=		
AME	Independent	• 5	Minus	SANDENIT	f CLAUM	=		X43=	100	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 [+145=		OR	+290=			
							TOTAL ADDIT, FEE	475.0	OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colum	nn 2)	(Column 3)		10011. FEE		pd	7		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	**		=].[X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1	+145=		OR	+290=	-	
· ·						L	TOTAL		OB	TOTAL			
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	EST BER FUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	'♠	Minus	献		= .	JΓ	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	944		= .]	X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT	CLAIM		J` ŀ			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						L	+145= TOTAL		OR	+290=	<u> </u>		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPAL TOTAL ADDIT. FEE **OPAL ADDIT. FEE													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													